

COMMERCIAL WATER TESTING FORM



A Water Testing Form is required for all water samples being sent to Frakco, Inc. Water Testing Forms are typically processed within **3** business days of receipt. Incomplete or missing information may hinder the processing of your water testing request. **Please complete the Water Testing Form entirely, sign, date, and send it with water samples.**

For questions, please call 507-283-4416.

CONTACT INFORMATION

Prospect Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Source of Water: Well City /Rural Other: _____

WATER TO BE USED FOR:

- | | | |
|-----------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> School | <input type="checkbox"/> Restaurant | <input type="checkbox"/> Motel |
| <input type="checkbox"/> Boiler | <input type="checkbox"/> Laundry | <input type="checkbox"/> Dishwasher |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Farm | <input type="checkbox"/> Nursing Home |
| <input type="checkbox"/> R.O. | <input type="checkbox"/> Apartment | <input type="checkbox"/> Other: _____ |

Hours per Day Operation: _____

Days per Week Operation: _____

INSTALLATION DETAILS/LIMITATIONS

Door Openings: _____

Stairways/Hallways: _____

Remote Brine Tank Location: _____

Available Floor Space: _____

L: _____ W: _____ H: _____

Weight vs. Floor Support: _____

FACILITIES

Supply Pipe Size _____ Inches
Pump Capacity: _____ gpm
Drain Line Sump: _____
Operating Pressure _____ to _____ PSI
Pressure at Installation: _____ PSI
Min. Pressure Allowed After Unit: _____ PSI

WATER REQUIREMENTS

Constant Flow Rate: _____ gpm

Daily Usage/24 Hours: _____ gal

Peak Flow: _____ gpm

Usage Determined By:

- Water Bill Flow Meter Fixture Count

EXISTING EQUIPMENT

Tank Size: H _____ D _____
Valve Size: _____
Capacity: _____
cu. ft. Resin: _____
Make: _____
Model No. _____
Approx. Age: _____

WATER COMPOSITION:

Total Hardness: _____ gpg
Iron: _____ ppm
pH: _____
H2S: _____ ppm
Color: _____
Turbidity: _____
T.D.S: _____
Other: _____

ADDITIONAL NOTES:

FRAKCO RECOMMENDATIONS:

Recommendations are based off information provided and water sample results at time of analysis.

Recommended by: _____

Date: _____